

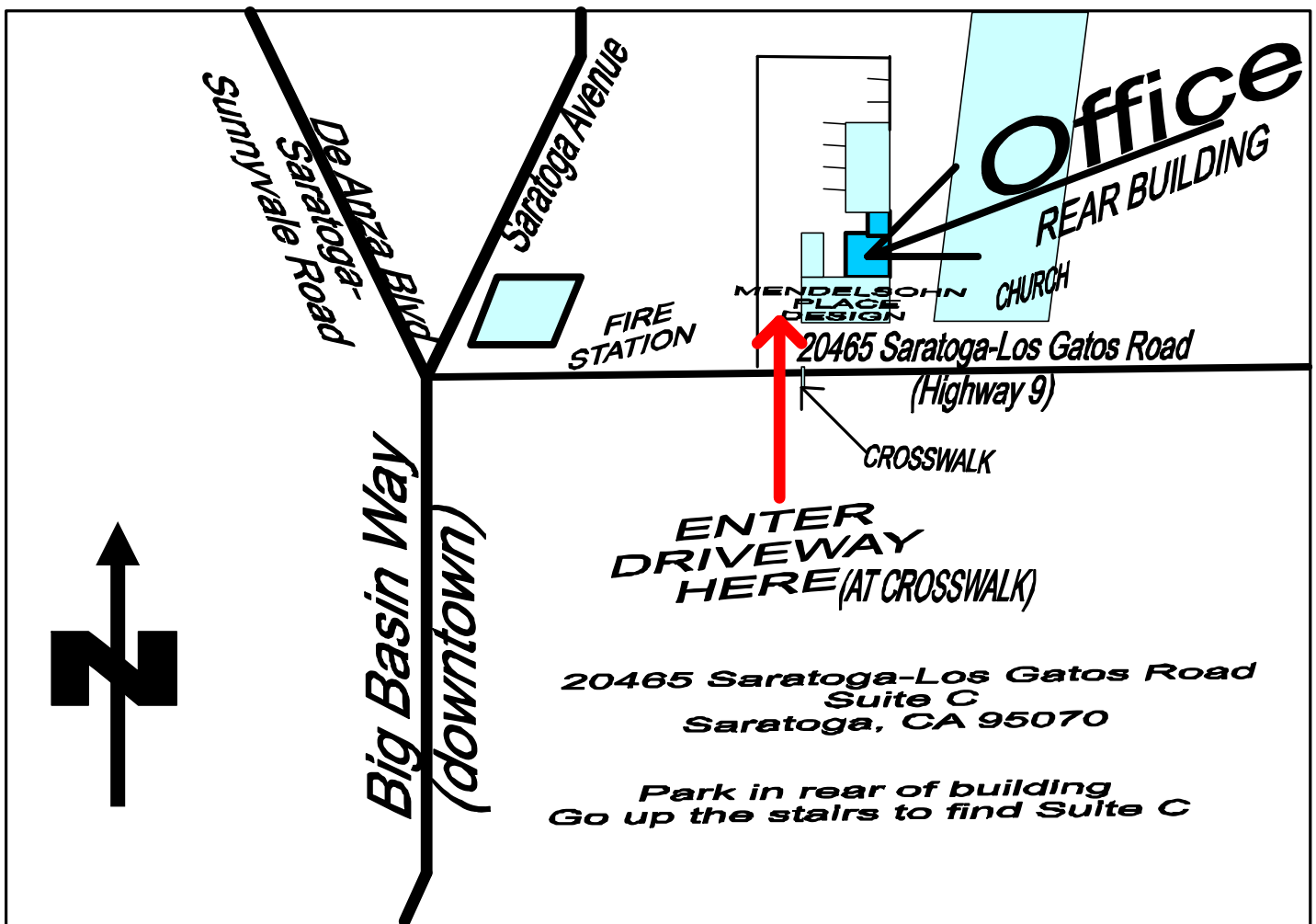
Directions:

The building is 2 doors down from the traffic light.

Turn into the skinny driveway where the sign reads Mendelsohn Place Interior Design

The office is in suite C --BEHIND the Design Studios.

Be sure to go to the parking lot in the back, then walk up the outside patio stairs (8 stairs) to Suite C



Law Office of Richard J. Hess
20465 Saratoga-Los Gatos Road
Suite C
Saratoga, CA 95070
(408) 872-0252

Name: _____

Your appointment time is: _____

PRE-CONSULTATION CONFIDENTIAL WORKSHEET

This worksheet will help you start thinking and organizing your thoughts about your estate and estate planning issues. It also provides specifically needed information so that after our initial consultation, we can construct the estate plan of your choice. If there are items in this worksheet that you do not understand, are unsure of, or cannot fill out at this time, do not worry. Simply fill out what you can and we will go over those items at our initial consultation.

We do not need this worksheet sent to us in advance.

Please fill out and bring this worksheet with you to your initial appointment.

If you are not married do not fill in spouse information; just fill in your information
If you are Female, fill in your information in Wife sections
If you are Male, fill in your information in Husband sections

Date: _____

Husband's (or single man's) Full Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____ Date of Birth: _____

Address: _____

Wife's (or single woman's) Full Name: _____

Cell Phone: (_____) _____

Email address: _____ Date of Birth: _____

Date of Marriage: _____

Husband had prior marriage? If yes, her name: _____ ended by Divorce or Death; When?: _____

Wife had prior marriage? If yes, his name: _____ ended by Divorce or Death; When?: _____

Is Husband (or single man) a U.S. Citizen? __ YES __ NO

Is Wife (or single woman) a U.S. Citizen? __ YES __ NO

Children's Full Name(s)	Sex	Date of Birth	Parent
_____	M F	_____	__ Both __ Husband only __ Wife only
_____	M F	_____	__ Both __ Husband only __ Wife only
_____	M F	_____	__ Both __ Husband only __ Wife only
_____	M F	_____	__ Both __ Husband only __ Wife only
_____	M F	_____	__ Both __ Husband only __ Wife only

Any deceased children? If so, what was the child's name? _____; Date of death: _____

Did that child leave any children? __ YES __ NO

If you have a child who has a disability and is receiving or will likely receive government assistance, please identify that child here: _____

GUARDIANS FOR YOUR MINOR CHILDREN: If any of your children are minors, who would you want to raise your children (as their "Guardian") if something happened to you?

1st _____, Relationship to you: _____

2nd _____, Relationship to you: _____

EXECUTOR(S)/TRUSTEE(S): During your lifetimes, you will be trustee of your revocable living trust (or husband and wife as joint trustees if married).

Who would you want to administer your estate upon your death?

If Married, Surviving Spouse first? __Yes __No

1st _____ **Is this trustee a U.S. Citizen? __YES __NO**

2nd _____ **Is this trustee a U.S. Citizen? __YES __NO**

BENEFICIARIES: Who are the beneficiaries of your estate? Please come to the appointment with an idea of who should take your property upon your death. Please write down names and their relationship to you below:

FINANCES: If you became disabled or incapacitated and could no longer handle your financial affairs, who would you want to handle your finances for you (your “attorney in fact”)?

If Married, Spouse first? __Yes __No

Then who? _____, phone #: _____

Address: _____

relationship to you: _____

HEALTH CARE ISSUES: If you became disabled or incapacitated and could no longer handle your health care, who would you want to handle your health care decisions for you (your “health care agent”)?

Husband’s Choices: name, phone number & address

Wife’s Choices: name, phone number & address

Spouse first? __Yes __No

Spouse first? __Yes __No

1st _____

1st _____

2nd _____

2nd _____

OPTIONAL END OF LIFE DECISIONS: Please think about what medical treatment you would like to have if in an irreversible coma, or terminally ill. If you are incapacitated and would like to give instructions regarding these issues, you can. Most clients have an opinion regarding end of life. Please indicate below what you would like to communicate to health care personnel regarding end of life decisions:

- 1) You do not wish to receive medical treatment if your are in an irreversible coma or persistent vegetative state; or terminally ill and life-sustaining procedures would only artificially delay death
- 2) You want to receive medical treatment that will allow you to live as long as possible.
- 3) None of the above. (Don’t address this at all. Let your Health Care Agent make the decision based upon what they know about you.)

Which above number do you agree with most? _____

At our initial meeting, we will go over your estate assets, needs, and goals. We will talk about what is possible and what is popular in estate planning. Chances are we will touch on every concern you might have. However, if you have any questions or concerns you would like to make sure are brought up at the initial consultation please note them here:

Would you like to donate body parts upon your death if the doctors think any part is useful? Do you want to limit the purpose to Transplant only? Or donate for any reason (including research/study purposes at an educational institution)?

Husband’s Choices: Transplant Only: __Yes __No Any purpose: __Yes __No

Wife’s Choices: Transplant Only: __Yes __No Any purpose: __Yes __No

ESTIMATE OF VALUE OF YOUR CURRENT ESTATE: Please provide an approximate value for your assets below.
SUMMARY OF YOUR ASSET VALUES

ASSETS **Total value of all assets if you add up all assets you own (Make your best guess): \$ _____**
How many pieces of Real Property do you have? _____

Real Property:

Address of Property #1: _____

Best guess of value: \$ _____ How much owed on Mortgage? \$ _____

Who owns Property #1 (for example: solely you, husband AND wife, you jointly with someone else)? _____

County Tax Assessor's Parcel Number (APN) for property #1 (Found on your yearly property tax bill or property tax statement): _____

Address of Property #2: _____

Best guess of value: \$ _____ How much owed on Mortgage? \$ _____

Who owns Property #2 (for example: solely you, husband AND wife, you jointly with someone else)? _____

County Tax Assessor's Parcel Number (APN) for property #2 (Found on your yearly property tax bill or property tax statement): _____

Address of Property #3: _____

Best guess of value: \$ _____ How much owed on Mortgage? \$ _____

Who owns Property #3 (for example: solely you, husband AND wife, you jointly with someone else)? _____

County Tax Assessor's Parcel Number (APN) for property #3 (Found on your yearly property tax bill or property tax statement): _____

Time Share? If so, Name, location, and time per year or points per year of use: _____

NEED DEEDS:

Please bring the current vesting deed for real property to our first meeting (This is the deed you got when you first purchased the property. We cannot use a financing "Deed of Trust," nor a "Deed of Reconveyance"it must say either "GRANT DEED" or "QUITCLAIM DEED"). If you cannot find the deed, then for a nominal fee we can order one if you give us the county tax Assessor's Parcel Number (APN) found on your yearly property tax bill or property tax statement.

Furniture and Personal Effects: best guess of cumulative value if you were to sell the asset: \$ _____

Automobiles, Boats and RV's: best guess of cumulative value: \$ _____

Bank and Savings Accounts: best guess of cumulative value: \$ _____

What bank/credit union, and type of account (for example: savings, checking, or CD) We don't need account #s.

#1: _____

#2: _____

#3: _____

#4: _____

#5: _____

#6: _____

#7: _____

NON-RETIREMENT Stocks and Bonds: Best guess of cumulative value: \$ _____

What brokerage firm, and type of account (for example: brokerage, stock, savings, checking)

#1: _____

#2: _____

#3: _____

#4: _____

#5: _____

Life Insurance Death Benefit (include group insurance from work):

On Husband's life: _____ value: \$ _____

On Husband's life: _____ value: \$ _____

On Wife's life: _____ value: \$ _____

On Wife's life: _____ value: \$ _____

Annuities: Approximate Value \$ _____; where located: _____

Retirement Plans: Best guess of cumulative value: \$ _____

Husband's Retirement #1 (401k, 403b, IRA, where): _____

#2 _____

#3 _____

Wife's Retirement #1 (401k, 403b, IRA, where): _____

#2 _____

#3 _____

Business Interests: Best guess of value: \$ _____; name of business owned: _____

Stock Options: Full Company Name: _____
____ Husband's or ____ Wife's

Money owed to you (promissory notes, etc.): \$ _____

Stock or Bonds in paper form (for example: I Bonds, EE bonds, McDonalds Stock, ...etc): _____

Anticipated Inheritance, etc. before your death: Best guess of cumulative value: \$ _____

Do you jointly own property with somebody else? If so, what: _____ value: \$ _____

Other Assets (Did we miss anything not covered above?): _____
value: \$ _____

How did you hear of this Law Office? _____

Law Offices of Richard J. Hess (408) 872-0252 (voice); 1-408-872-0258 (fax)